

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213514754				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Virginia United Methodist Credit Union, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: THOMAS A RACHELE 10330 STAPLES MILL RD GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 3/31/2013</p> <p>SCC ID NO: 00642108</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED		
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 10330 STAPLES MILL RD POB 9798</p> <p style="margin-left: 40px;">CITY/ST/ZIP: HENRICO, VA 23228</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: THOMAS A RACHELE TITLE: TREASURER ADDRESS: 15413 SILVAN GLEN DR CITY/ST/ZIP/CO: MONTCLAIR, VA 22025-1010 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> <td style="width: 30%;"></td> </tr> </table>			NAME: THOMAS A RACHELE TITLE: TREASURER ADDRESS: 15413 SILVAN GLEN DR CITY/ST/ZIP/CO: MONTCLAIR, VA 22025-1010	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LLOYD NEWBANKS DIRECTOR 4007 BUCKINGHAM CT MONTCLAIR, VA 22025	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOROTHY M O'QUINN DIRECTOR 1010 W LABURNAM AVE RICHMOND, VA 23227-4520	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES D THOMAS DIRECTOR 8521 HOOES RD SPRINGFIELD, VA 22153-1703	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CAROL A MATHIS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CAROL A MATHIS, CEO PRINTED NAME AND CORPORATE TITLE	3/25/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			